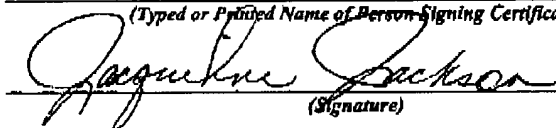


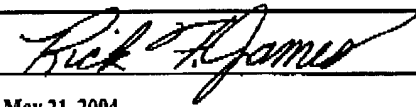
<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No.
Applicant(s): Michael John Bader			2001B095
Serial No. 10/001,379	Filing Date October 23, 2001	Examiner Monique R. Jackson	Group Art Unit 1773
Invention: Multi-Layer, White Cavitated Bioriented Polyethylene Film With A High Water Vapor Transmission Rate			
<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>MAY 21 2004</b> <b>OFFICIAL</b>			
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<u>Jacqueline Jackson</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small>			
Note: Each paper must have its own certificate of mailing.			

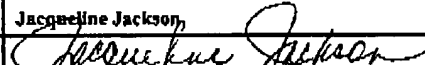
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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	10/001,379	
	Filing Date	October 23, 2001	
	First Named Inventor	Michael John Bader	
	Art Unit	1773	
	Examiner Name	Monique R. Jackson	
Total Number of Pages in This Submission	11	Attorney Docket Number	2001B095

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Transmission, Transmittal and Amendment under 37 CFR 1.114 (10 pgs.)
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Rick F. James Reg. No. 48,772 Customer No. 23455	
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